

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Geoffrey W. Krissansen

Title: CANCER THERAPY

Appl. No.: 10/014,887

Filing Date: 12/11/01

Examiner: Lei Yao

Art Unit: 1642

Confirmation Number: 2382

CERTIFICATE OF ELECTRONIC TRANSMISSION
I hereby certify that this paper is being electronically transmitted to the United States Patent and Trademark Office, Alexandria, Virginia via EFS-Web on the date below.

Julie Costello

(Printed Name)


(Signature)

October 21, 2008

(Date of Transmission)

TRANSMITTAL

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following in the above-identified application:

- [X] Supplemental Amendment to Final Office Action with Exhibit I and Request For Continued Examination (RCE) (23 pages);
- [X] Supplemental Information Disclosure Statement (3 pages);
- [X] Form PTO/SB/08 (6 pages) with copies of 109 listed references and 8 ISRs.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

- [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
RCE Fee 1.17(e):							\$810.00	=	\$810.00
Total Claims:	33	-	88	=	0	x	\$52.00	=	\$0.00
Independent Claims:	3	-	5	=	0	x	\$220.00	=	\$0.00
CLAIMS FEE TOTAL									= \$810.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	<u>\$1,110.00</u>
EXTENSION FEE TOTAL:		<u>\$1,110.00</u>
CLAIMS & EXTENSION FEE TOTAL:		<u>\$1920.00</u>
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		<u>\$960.00</u>
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement - 1.17(p):		<u>\$0.00</u>
TOTAL FEE:		<u>\$960.00</u>

The above-identified fees of \$960.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney at the address indicated below.

Respectfully submitted,

Date Oct. 17, 2008

By Antoinette F. Konski

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